

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							<small>SERIAL NO.</small> <div style="font-size: 1.2em;">04800497</div> <small>APPLICANT(S)</small>	<small>FILING DATE</small> <div style="font-size: 1.2em;">03-28-01</div>					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51	✓					
2		✓					52	✓					
3		✓					53		✓				
4		✓					54		✓				
5		✓					55		✓				
6		✓					56		✓				
7		✓					57		✓				
8		✓					58		✓				
9		✓					59		✓				
10		✓					60		✓				
11		✓					61		✓				
12		✓					62		✓				
13		✓					63		✓				
14		✓					64		✓				
15		✓					65	✓					
16		✓					66	✓					
17	✓						67	✓					
18	✓						68	✓					
19		✓					69						
20		✓					70						
21		✓					71						
22		✓					72						
23		✓					73						
24		✓					74						
25		✓					75						
26		✓					76						
27		✓					77						
28	✓						78						
29	✓						79						
30		✓					80						
31		✓					81						
32		✓					82						
33		✓					83						
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36		✓					86						
37		✓					87						
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41		✓					91						
42		✓					92						
43		✓					93						
44		✓					94						
45		✓					95						
46		✓					96						
47		✓					97						
48		✓					98						
49		✓					99						
50		✓					100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	57						TOTAL DEP.						
TOTAL CLAIMS	68						TOTAL CLAIMS						